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Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER		TWA		C	
			S	F	VA0001465			
LABEL ITEMS			PLEASE PLACE LABEL IN THIS SPACE			GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		
I. EPA I.D. NUMBER			III. FACILITY NAME			V. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION			II. POLLUTANT CHARACTERISTICS					

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		/		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		/	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	/		/	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		/	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		/		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		/	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		/		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		/	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		/		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		/	

III. NAME OF FACILITY	
c 1	SKIP FALLING CREEK WATER FILTRATION PLANT
15	16 - 29 30

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
c 2	IRVING, DELMAR, SUPERINTENDENT
B. PHONE (area code & no.)	
(540) 265-0586	
15	16 45 46 48 49 51 52 55

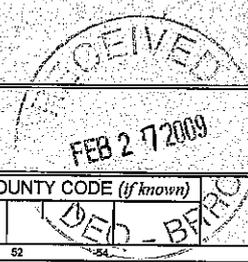
V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
c 3	601 JEFFERSON STREET SUITE 200
15	16 45

B. CITY OR TOWN		C. STATE	D. ZIP CODE
c 4	ROANOKE	VA	24011
15	16 40 41 42 47	51	

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
c 5	3031 LAUREL GLEN ROAD
15	16 45

B. COUNTY NAME	
BEDFORD	
46	70

C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
c 6	VINTON	VA	24179	
15	16 40 41 42 47	51	52	



CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	4	941	(specify) WATER TREATMENT PLANT	C	7	
15	16	17	18		15	16	17
C. THIRD				D. FOURTH			
C	7			(specify) N/A	C	7	
15	16	17	18		15	16	17

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
C	8	WESTERN VIRGINIA WATER AUTHORITY										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
15	16											55 56			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)												D. PHONE (area code & no.)			
F = FEDERAL				M = PUBLIC (other than federal or state)				M (specify)				A (540) 853-5770			
S = STATE				O = OTHER (specify)								15 16 17 18 19 20 21 22 23 24 25 26			
P = PRIVATE															

E. STREET OR P.O. BOX											
601 JEFFERSON STREET SUITE 200											
26 55											

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B ROANOKE										VA		24011		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16 17 18 19 20 21 22 23 24 25										40 41		42 43 44 45 46 47 48 49 50		51 52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
C	T	I	VA0001465			C	T	I			
9	N					9	P				
15	16	17	18	19	20	15	16	17	18	19	20
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
C	T	I				C	T	I	(specify)		
9	U					9					
15	16	17	18	19	20	15	16	17	18	19	20
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
C	T	I				C	T	I	(specify)		
9	R					9					
15	16	17	18	19	20	15	16	17	18	19	20

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MUNICIPAL WATER TREATMENT PLANT USING FLOCCULATION, COAGULATION, SEDIMENTATION AND HIGH RATE SAND FILTRATION TO PRODUCE POTABLE WATER MEETING ALL STANDARDS OF THE SAFE DRINKING WATER ACT AND VIRGINIA WATER WORKS REGULATIONS.



XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED			
Robert W. Benninger Director of Water Operations				Robert W. Benninger				2/26/09			

COMMENTS FOR OFFICIAL USE ONLY

C											
15	16										



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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?  
 YES (complete the following table)  NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?  
 YES (complete Item III-B)  NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?  
 YES (complete Item III-C)  NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
			

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.  
 YES (complete the following table)  NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VA0001465

CONTINUED FROM PAGE 2

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
 YES (list all such pollutants below)       NO (go to Item VI-B)



CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

Chronic Toxicity testing was performed per previous VPDES permit.

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
REI Consultants, Inc.	225 Industrial Park Road Beaver, WV 25813	1-800-999-0105	Sulfate, Chromium, Mercury, Chloroform, Fluoride
EMS, Inc.	P.O. Box 784 Wytheville, VA 24382	276-228-6464	Copper



**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Robert W. Benninger - Director of Water Operations

B. PHONE NO. (area code & no.)

540-853-5750

C. SIGNATURE

*Robert W. Benninger*

D. DATE SIGNED

2/26/09

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VA0001465

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO.  
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	WAIVER	REQUEST										
b. Chemical Oxygen Demand (COD)	WAIVER	REQUEST										
c. Total Organic Carbon (TOC)	WAIVER	REQUEST										
d. Total Suspended Solids (TSS)	8.0	3.02	8.0	3.02	3.86	0.978	12	mg/L	kg/d			
e. Ammonia (as N)	WAIVER	REQUEST										
f. Flow	VALUE	0.100	VALUE	0.100	VALUE	0.067	12	MGD	VALUE			
g. Temperature (winter)	VALUE	23.0	VALUE	23.0	VALUE	16.1	7	°C	VALUE			
h. Temperature (summer)	VALUE	27.4 reservoir	VALUE	27.4 reservoir	VALUE	24.7	52	°C	VALUE			
i. pH	MINIMUM	6.1	MAXIMUM	7.5	MINIMUM	6.1	299	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"				3. EFFLUENT				4. UNITS				5. INTAKE (optional)	
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		/												
b. Chlorine, Total Residual		/												
c. Color		/												
d. Fecal Coliform		/												
e. Fluoride (16984-48-6)	/		1.05	0.397	1.05	0.397	1	mg/L	kg/d					
f. Nitrate-Nitrite (as N)	/													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE		a. CONCENTRATION	b. MASS	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
g. Nitrogen, Total Organic (as N)		/									
h. Oil and Grease		/									
i. Phosphorus (as P), Total (7723-14-0)		/									
j. Radioactivity											
(1) Alpha, Total		/									
(2) Beta, Total		/									
(3) Radium, Total		/									
(4) Radium 226, Total		/									
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		/									
l. Sulfide (as S)		/									
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		/									
n. Surfactants		/									
o. Aluminum, Total (7429-90-5)		/									
p. Barium, Total (7440-39-3)		/									
q. Boron, Total (7440-42-8)		/									
r. Cobalt, Total (7440-48-4)		/									
s. Iron, Total (7439-89-6)		/									
t. Magnesium, Total (7439-95-4)		/									
u. Molybdenum, Total (7439-98-7)		/									
v. Manganese, Total (7439-96-5)		/									
w. Tin, Total (7440-31-5)		/									
x. Titanium, Total (7440-32-6)		/									

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1) **VA0001465**  
 OUTFALL NUMBER **001**

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4, 6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT			4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES	
												(2) MASS
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>												
1M. Antimony, Total (7440-36-0)			/									
2M. Arsenic, Total (7440-38-2)			/									
3M. Beryllium, Total (7440-41-7)			/									
4M. Cadmium, Total (7440-49-9)			/									
5M. Chromium, Total (7440-47-3)		/		ND	ND	ND	1	mg/L	kg/d			
6M. Copper, Total (7440-50-9)		/		12.3	0.005	12.3	4	ug/L	kg/d			
7M. Lead, Total (7439-92-1)			/									
8M. Mercury, Total (7439-97-6)	/			ND	ND	ND	1	mg/L	kg/d			
9M. Nickel, Total (7440-02-0)			/									
10M. Selenium, Total (7782-49-2)			/									
11M. Silver, Total (7440-22-4)			/									
12M. Thallium, Total (7440-28-0)			/									
13M. Zinc, Total (7440-66-6)			/									
14M. Cyanide, Total (57-12-5)			/									
15M. Phenols, Total			/									
<b>DIOXIN</b>												
2,3,7,8-Tetra-chlorodibenzo-p-Dioxin (1784-01-6)			/									
										DESCRIBE RESULTS		

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (1)	c. LONG TERM AVG. VALUE (1)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
	(if available)			CONCENTRATION (2) MASS	CONCENTRATION (2) MASS	CONCENTRATION (2) MASS	ANALYSES	TRATION		CONCENTRATION (2) MASS	ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS											
1V. Acrolein (107-02-8)			/								
2V. Acrylonitrile (107-13-1)			/								
3V. Benzene (71-43-2)			/								
4V. Bis (Chloromethyl) Ether (542-88-1)			/								
5V. Bromoform (75-25-2)			/								
6V. Carbon Tetrachloride (56-23-5)			/								
7V. Chlorobenzene (108-90-7)			/								
8V. Chlorodibromomethane (124-48-1)			/								
9V. Chloroethane (75-00-3)			/								
10V. 2-Chloroethylvinyl Ether (110-75-8)			/								
11V. Chloroform (67-66-3)		/		14.9	0.006	14.9	0.004	1	ug/L	14.9	kg/d
12V. Dichlorobromomethane (75-27-4)			/								
13V. Dichlorodifluoromethane (75-71-8)			/								
14V. 1,1-Dichloroethane (75-34-3)			/								
15V. 1,2-Dichloroethane (107-06-2)			/								
16V. 1,1-Dichloroethylene (75-35-4)			/								
17V. 1,2-Dichloropropane (78-87-5)			/								
18V. 1,3-Dichloropropylene (542-75-6)			/								
19V. Ethylbenzene (100-41-4)			/								
20V. Methyl Bromide (74-83-9)			/								
21V. Methyl Chloride (74-87-3)			/								

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available) (1)	c. LONG TERM AVRG. VALUE (if available) (1)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
				CONCENTRATION (2) MASS	CONCENTRATION (2) MASS	CONCENTRATION (2) MASS				CONCENTRATION (2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>											
22V. Methylene Chloride (75-09-2)			/								
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			/								
24V. Tetrachloroethylene (127-18-4)			/								
25V. Toluene (108-88-3)			/								
26V. 1,2-Trans-Dichloroethylene (156-60-6)			/								
27V. 1,1,1-Trichloroethane (71-55-6)			/								
28V. 1,1,2-Trichloroethane (79-00-6)			/								
29V. Trichloroethylene (79-01-6)			/								
30V. Trichlorofluoromethane (75-69-4)			/								
31V. Vinyl Chloride (75-01-4)			/								
<b>GC/MS FRACTION - ACID COMPOUNDS</b>											
1A. 2-Chlorophenol (95-57-8)			/								
2A. 2,4-Dichlorophenol (120-83-2)			/								
3A. 2,4-Dimethylphenol (105-67-9)			/								
4A. 4,6-Dinitro-O-Cresol (534-52-1)			/								
5A. 2,4-Dinitrophenol (61-28-6)			/								
6A. 2-Nitrophenol (88-75-5)			/								
7A. 4-Nitrophenol (100-02-7)			/								
8A. P-Chloro-M-Cresol (59-50-7)			/								
9A. Pentachlorophenol (87-86-5)			/								
10A. Phenol (108-95-2)			/								
11A. 2,4,6-Trichlorophenol (88-05-2)			/								

EPA Form 3510-2C (8-90)

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CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS				5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS														
1B. Acenaphthene (83-32-9)			/											
2B. Acenaphthylene (208-96-8)			/											
3B. Anthracene (120-12-7)			/											
4B. Benzidine (92-87-5)			/											
5B. Benzo (a) Anthracene (56-55-3)			/											
6B. Benzo (a) Pyrene (50-32-8)			/											
7B. 3,4-Benzofluoranthene (205-99-2)			/											
8B. Benzo (ghi) Perylene (191-24-2)			/											
9B. Benzo (k) Fluoranthene (207-08-9)			/											
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			/											
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			/											
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			/											
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			/											
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			/											
15B. Butyl Benzyl Phthalate (85-68-7)			/											
16B. 2-Chloronaphthalene (91-58-7)			/											
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			/											
18B. Chrysene (218-01-9)			/											
19B. Dibenzo (a,h) Anthracene (53-70-3)			/											
20B. 1,2-Dichlorobenzene (95-50-1)			/											
21B. 1,3-Di-chlorobenzene (541-73-1)			/											

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE		a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
	(if available)			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)											
22B. 1,4-Dichloro-benzene (106-46-7)			/								
23B. 3,3-Dichloro-benzidine (91-94-1)			/								
24B. Diethyl Phthalate (84-66-2)			/								
25B. Dimethyl Phthalate (131-11-3)			/								
26B. Di-N-Butyl Phthalate (84-74-2)			/								
27B. 2,4-Dinitro-toluene (121-14-2)			/								
28B. 2,6-Dinitro-toluene (606-20-2)			/								
29B. Di-N-Octyl Phthalate (117-84-0)			/								
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)			/								
31B. Fluoranthene (206-44-0)			/								
32B. Fluorene (86-73-7)			/								
33B. Hexachloro-benzene (118-74-1)			/								
34B. Hexachloro-butadiene (87-68-3)			/								
35B. Hexachloro-cyclopentadiene (77-47-4)			/								
36B Hexachloro-ethane (67-72-1)			/								
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			/								
38B. Isophorone (78-59-1)			/								
39B. Naphthalene (91-20-3)			/								
40B. Nitrobenzene (98-95-3)			/								
41B. N-Nitro-sodimethylamine (62-75-6)			/								
42B. N-Nitrosodi-N-Propylamine (621-64-7)			/								

EPA Form 3510-2C (8-90)

PAGE V-7

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

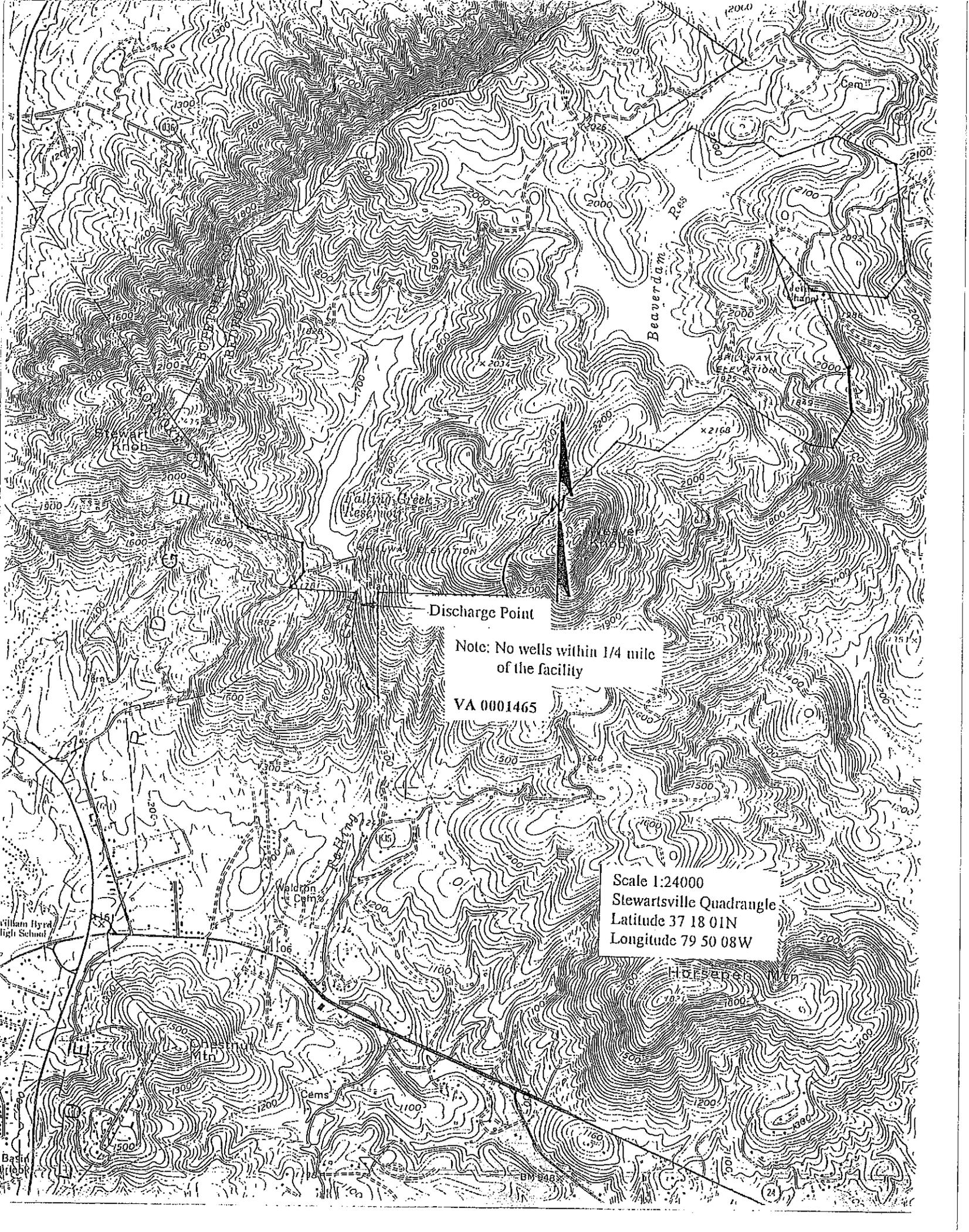
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1)	b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)											
43B. N-Nitrosodiphenylamine (98-30-6)			/								
44B. Phenanthrene (95-01-8)			/								
45B. Pyrene (129-00-0)			/								
46B. 1,2,4-Trichlorobenzene (120-82-1)			/								
GC/MS FRACTION - PESTICIDES											
1P. Aldrin (309-00-2)			/								
2P. α-BHC (319-84-6)			/								
3P. β-BHC (319-85-7)			/								
4P. γ-BHC (98-89-9)			/								
5P. δ-BHC (319-86-8)			/								
6P. Chlordane (57-74-9)			/								
7P. 4,4'-DDT (50-29-3)			/								
8P. 4,4'-DDE (72-55-9)			/								
9P. 4,4'-DDD (72-54-8)			/								
10P. Dieldrin (60-57-1)			/								
11P. α-Endosulfan (115-29-7)			/								
12P. β-Endosulfan (115-29-7)			/								
13P. Endosulfan Sulfate (1031-07-9)			/								
14P. Endrin (72-20-8)			/								
15P. Endrin Aldehyde (7421-93-4)			/								
16P. Heptachlor (76-44-8)			/								

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
 VA0001465

OUTFALL NUMBER  
 001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (1) CONCENTRATION	a. CONCENTRATION	b. MASS	a. AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
GC/MS FRACTION - PESTICIDES (continued)										
17P. Heptachlor Epoxide (1024-57-3)			/							
18P. PCB-1242 (53469-21-9)			/							
19P. PCB-1254 (11097-69-1)			/							
20P. PCB-1221 (11104-28-2)			/							
21P. PCB-1232 (11141-16-5)			/							
22P. PCB-1248 (12672-29-6)			/							
23P. PCB-1260 (11096-82-5)			/							
24P. PCB-1016 (12674-11-2)			/							
25P. Toxaphene (0001-35-2)			/							

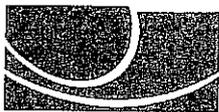


Discharge Point

Note: No wells within 1/4 mile  
of the facility

VA 0001465

Scale 1:24000  
Stewartville Quadrangle  
Latitude 37 18 01N  
Longitude 79 50 08W



WESTERN VIRGINIA  
WATER AUTHORITY

WATER OPERATIONS

February 23, 2009

Re: Falling Creek Filter Plant  
EPA I.D. Number VA0001465  
Waiver Request for Data Submission on Outfall 001

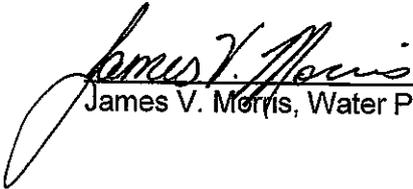
To Whom It May Concern:

The Western Virginia Water Authority requests a waiver to the requirement for submission of analysis data for Biochemical Oxygen Demand (BOD), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC) and Ammonia (as N), because these parameters are not of material concern to this permit.

In addition, the Western Virginia Water Authority requests a waiver for total metals, using dissolved metals grab analysis per the current permit, in lieu of composited total metals.

Also the Western Virginia Water Authority requests a waiver for Total Suspended Solids (TSS) analysis to be 5G/8HC per our current permit, instead of a 24-hour composite.

Attachment to VA 0001465 Application

  
James V. Morris, Water Production Manager

2-23-09  
Date

*Our Mission Is Clear*

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Western Virginia Water Authority  
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Y/N

3. Provide the tax map parcel number for the land where the discharge is located. 120-A-10 12001100

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

5. What is the design average effluent flow of this facility? 0.067 MGD  
For industrial facilities, provide the max. 30-day average production level, include units: 0.100 MGD

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N

If "Yes", please identify the other flow tiers (in MGD) or production levels: \_\_\_\_\_

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Filter Backwash

% of flow from domestic connections/sources  
Number of private residences to be served by the treatment works: \_\_\_\_\_

% of flow from non-domestic connections/sources

7. Mode of discharge:  Continuous  Intermittent  Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:

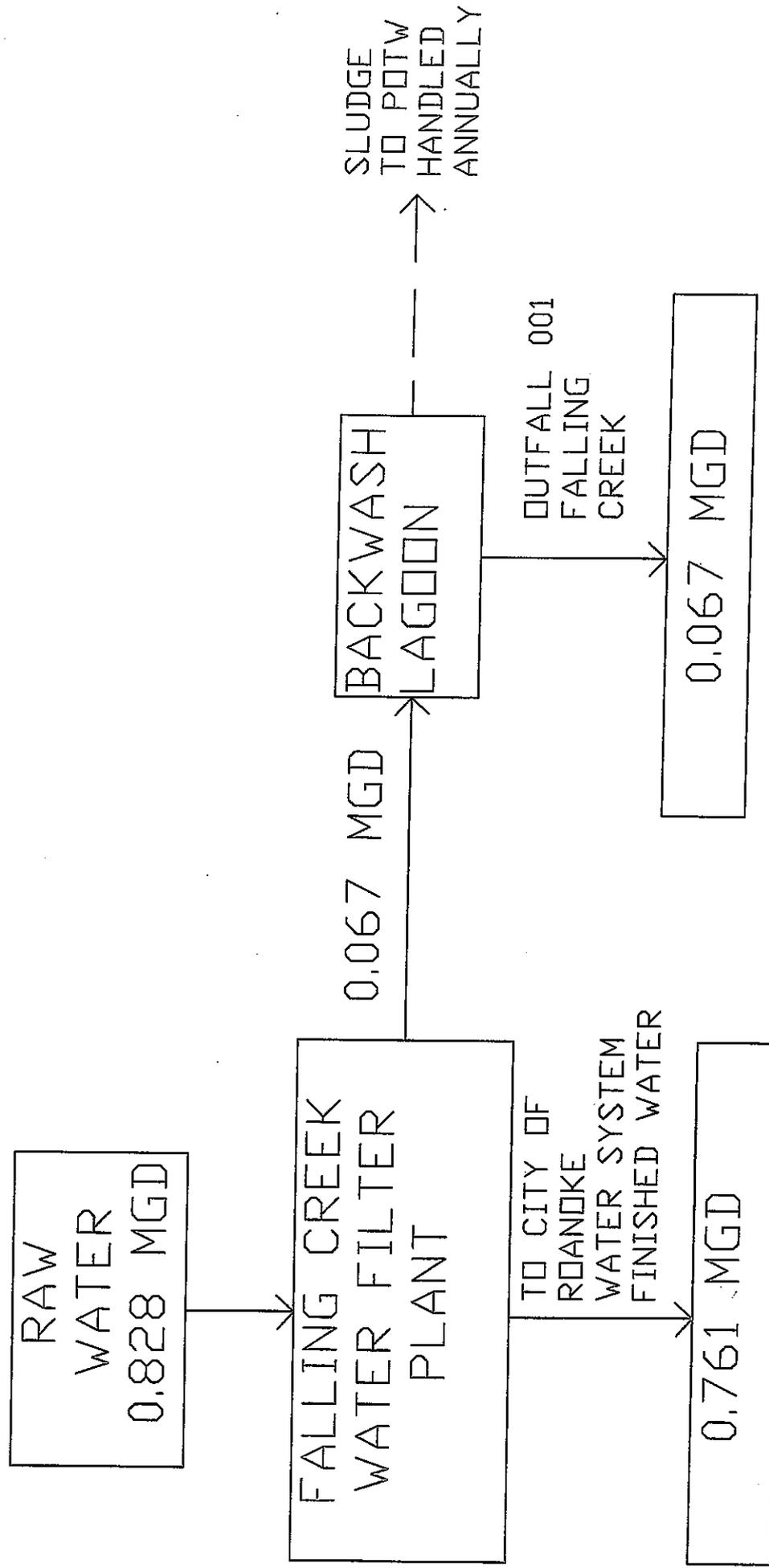
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

- Permanent stream, never dry
- Intermittent stream, usually flowing, sometimes dry
- Ephemeral stream, wet-weather flow, often dry
- Effluent-dependent stream, usually or always dry without effluent flow
- Lake or pond at or below the discharge point
- Other: \_\_\_\_\_

9. Approval Date(s):  
O & M Manual 11/22/99 Sludge/Solids Management Plan \_\_\_\_\_

Have there been any changes in your operations or procedures since the above approval dates? Y/N

SCHEMATIC OF WATER FLOW  
FALLING CREEK WATER FILTER PLANT  
ROANOKE, VIRGINIA 24016  
VPDES NO. VA0001465  
BEDFORD COUNTY



PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2:

Agent/Department to be billed: Falling Creek Water Filtration Plant

Owner: WVWA

Applicant's Address: 3031 Laurel Glen Road  
Vinton, VA 24179

Agent's Telephone No: 540-890-1721

Authorizing Agent:

James V. Morris  
Signature  
James V. Morris  
Printed Name  
Water Production Manager  
Title

Facility Name: Falling Creek Water Filtration Plant

Permit No. VA 0001465

Please return to:

Becky France  
Water Permit Writer  
Department of Environmental Quality  
3019 Peters Creek Road  
Roanoke, VA 24019

## France,Becky

---

**From:** Delmar.Irving@WesternVaWater.org  
**Sent:** Monday, March 09, 2009 10:27 AM  
**To:** France,Becky  
**Subject:** Re: Falling Creek WTP Application

**Attachments:** COC\_0901I05\_v1.pdf; Rpt\_0901I05\_v1.pdf; Rpt\_0902158\_v1.pdf; COC\_0902158\_v1.pdf



COC\_0901I05\_v1.pdf (173 KB) Rpt\_0901I05\_v1.pdf (58 KB) Rpt\_0902158\_v1.pdf (56 KB) COC\_0902158\_v1.pdf (161 KB)

Becky,

Please see the below attachments.

(See attached file: COC\_0901I05\_v1.pdf) (See attached file: Rpt\_0901I05\_v1.pdf) (See attached file: Rpt\_0902158\_v1.pdf) (See attached file: COC\_0902158\_v1.pdf)

Please do not hesitate to contact me should you have any questions or concerns .

Thanks!

Delmar Irving  
Water Operation Superintendent  
WVWA  
Utility Department - Water Division  
(540) 366-2811  
delmar.irving@westernvawater.org  
Mobile: (540) 537-1646



225 Industrial Park Drive  
Beaver, WV 25813  
TEL: 304.255.2500  
FAX: 304.255.2572  
Website: [www.reiclabs.com](http://www.reiclabs.com)

**Improving the environment, one client at a time...**

February 05, 2009

Ms. Cheryl Brewer  
WVWA - SALEM  
6200 WEST MAIN ST  
SALEM VA 24153

TEL: (540) 380-2687  
FAX (540) 380-4857

RE: FALLING CREEK OUTFALL

Order No.: 0901I05

Dear Ms. Cheryl Brewer:

REI Consultants, Inc. received 2 sample(s) on 1/30/2009 for the analyses presented in the following report.

Please note two changes you may see on your report.

- Results for "Dissolved" parameters will be shown under a separate sample ID, rather than as a separate analysis under the same sample ID. The sample ID for "Dissolved" parameters will include "Field Filtered" or "Lab Filtered", as appropriate.
- Metals results will no longer be identified as "Total" or "Total Recoverable". The methods have not been changed, only their appearance on the report.

If you have any questions regarding these results, please do not hesitate to call.

Sincerely,

Joy Mullins  
Project Manager





Improving the environment, one client at a time...

225 Industrial Park Drive  
Beaver, WV 25813  
TEL: 304.255.2500  
FAX: 304.255.2572  
Website: [www.reiclabs.com](http://www.reiclabs.com)

## Report Narrative

Project Manager:: Joy Mullins

WO#: 0901I05  
Date: 2/5/2009

CLIENT: WVWA - SALEM  
Project: FALLING CREEK OUTFALL

All analyses were performed using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. REI Consultants, Inc. (REIC) technical managers have verified compliance of reported results with the REIC's Quality Program and SOPs, except as noted in this case narrative. Any deviation from compliance is explained below and/or identified within the body of this report by a qualifier footnote which is defined at the bottom of each page.

All samples were analyzed using the methods stated in the analytical report without modification, unless otherwise noted.

All sample results are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as Total Trihalomethanes (TTHM) and Total Haloacetic Acids (HAA5), may vary slightly from the sum of the individual parameter results. This apparent anomaly is caused by rounding individual results and summations at reporting, as required by EPA.

Following standard laboratory protocol, sample preservation, such as pH, is verified at time of extraction or analysis based on client requested parameters. Improper preservation is noted on the analytical bench sheet, extraction log, or preservation log and client is notified by close of following business day. All results are reported using preservation compliant samples unless otherwise noted in the analytical report.

The test results in this report meet all NELAP requirements for parameters for which accreditations are required or available. Any exceptions are noted in this report. This report may not be reproduced, except in full, without the written approval of REIC.

In compliance with federal guidelines and standard operating procedures, all reports, including raw data and supporting quality control, will be disposed of after five years unless otherwise arranged by the client via written notification or contract requirement.

If you have any questions please contact the project manager whose name is listed above.

**REI Consultants, Inc.**

**Analytical Results**

Date: 05-Feb-09

**CLIENT:** WVWA - SALEM  
**Client Sample ID:** FC OUTFALL  
**Project:** FALLING CREEK OUTFALL  
**Site ID:**

**WorkOrder:** 0901I05 **Lab ID** 0901I05-01A  
**DateReceived:** 1/30/2009  
**Collection Date:** 1/29/2009 10:20:00 AM  
**Matrix:** WASTE WATER

Analyses	Result Units	Qual	MDL	PQL	MCL	Prep Date	Date Analyzed
<b>METALS BY ICP-MS</b>		<b>E200.8</b>					Analyst: <b>BM</b>
Chromium	ND mg/L		0.00100	0.0050	NA	02/03/09 8:05 AM	02/03/09 7:27 PM
<b>MERCURY, TOTAL</b>		<b>E245.1</b>					Analyst: <b>CGW</b>
Mercury	ND mg/L		0.00010	0.0010	NA	02/03/09 8:32 AM	02/05/08 10:39 AM
<b>VOLATILE ORGANIC COMPOUNDS</b>		<b>SW8260B</b>					Analyst: <b>AS</b>
Chloroform	14.9 µg/L		0.25	1.0	NA		02/02/09 4:06 PM
<b>ANIONS BY ION CHROMATOGRAPHY</b>		<b>E300.0</b>					Analyst: <b>CW</b>
Fluoride	1.05 mg/L		0.050	0.20	NA		02/02/09 1:35 PM
Sulfate	12.5 mg/L		0.700	5.00	NA		02/02/09 1:35 PM

**Key:** MCL Maximum Contaminant Level  
 MDL Minimum Detection Limit  
 NA Not Applicable  
 ND Not Detected at the PQL or MDL  
 PQL Practical Quantitation Limit  
 TIC Tentatively Identified Compound, Estimated Concentration

**Qualifiers:** J Analyte detected below quantitation limits  
 B Analyte detected in the associated Method Blank  
 E Estimated Value above quantitation range  
 H Holding times for preparation or analysis exceeded  
 S Spike/Surrogate Recovery outside accepted recovery limit  
 \* Value exceeds Maximum Contaminant Level

**REI Consultants, Inc.****Analytical Results**

Date: 05-Feb-09

---

<b>CLIENT:</b> WVWA - SALEM	<b>WorkOrder:</b> 0901I05	<b>Lab ID</b> 0901I05-02A
<b>Client Sample ID:</b> TRIP BLANK	<b>DateReceived:</b> 1/30/2009	
<b>Project:</b> FALLING CREEK OUTFALL	<b>Collection Date:</b> 1/29/2009	
<b>Site ID:</b>	<b>Matrix:</b> TRIP BLANK	

---

Analyses	Result	Units	Qual	MDL	PQL	MCL	Prep Date	Date Analyzed
<b>VOLATILE ORGANIC COMPOUNDS</b>			<b>SW8260B</b>				Analyst: <b>AS</b>	
Chloroform	ND	µg/L		0.25	1.0	NA		02/02/09 4:39 PM

---

<b>Key:</b>	MCL	Maximum Contaminant Level	<b>Qualifiers:</b>	J	Analyte detected below quantitation limits
	MDL	Minimum Detection Limit		B	Analyte detected in the associated Method Blank
	NA	Not Applicable		E	Estimated Value above quantitation range
	ND	Not Detected at the PQL or MDL		H	Holding times for preparation or analysis exceeded
	PQL	Practical Quantitation Limit		S	Spike/Surrogate Recovery outside accepted recovery limit
	TIC	Tentatively Identified Compound, Estimated Concentrati		*	Value exceeds Maximum Contaminant Level

